

07/11/2006 07:27 FAX

002

STATE OF MICHIGAN

CERTIFICATION OF VITAL RECORD

COUNTY OF WASHTENAW

STATE OF MICHIGAN

TYPE/PRINT
IN
PERMANENT
BLACK INK

2006-01648-D

STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER

2782011

1. DECEDENT'S NAME (First, Middle, Last) Hilary Thomas Scantlebury		2. DATE OF BIRTH (Month, Day, Year) April 13, 1944		3. SEX Male		4. DATE OF DEATH (Month, Day, Year) June 20, 2006	
5. NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS (include AKAs if any)				6a. AGE - Last Birthday (Years) 62		6b. UNDER 1 YEAR MONTHS DAY	
7a. LOCATION OF DEATH (Indicate place officially pronounced dead in 7a-7d.) HOSPITAL, OR OTHER INSTITUTION - Name (If not in others, give street and number and city) 7049 Amberly Way				7b. CITY, VILLAGE, OR TOWNSHIP OF DEATH Ypsilanti Township		8. COUNTY OF DEATH Washtenaw	
9a. CURRENT RESIDENCE STATE Michigan		9b. COUNTY Washtenaw		9c. LOCALITY (check the box that describes the location) <input type="checkbox"/> CITY OR VILLAGE <input checked="" type="checkbox"/> TOWNSHIP <input type="checkbox"/> UNINCORPORATED AREA Ypsilanti		9d. STREET AND NUMBER (Include Apt. No. if applicable) 7049 Amberly Way	
10. ZIP CODE 48197		11. BIRTHPLACE (City and State or Country) New York, New York		12. SOCIAL SECURITY NUMBER 099-34-9301		13. DECEDENT'S EDUCATION - What is the highest degree or level (school) completed at the time of death? 8 year College	
14. RACE - American Indian, White, Black, etc. (If Asian, give nationality, e.g., Chinese, Filipino, Asian Indian, etc.) (Enter all that apply) White		15. ANCESTRY - Mexican, Cuban, Arab, African, English, French, Dutch, etc. (Enter all that apply) If American Indian race, enter principal tribe Russian, Irish		16. HISPANIC ORIGIN (Yes or No) No		17. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? (Yes or No) Yes	
18. USUAL OCCUPATION Give kind of work done during most of working life. Do not use retired. Teacher		19. KIND OF BUSINESS OR INDUSTRY Community College		20. MARITAL STATUS - Married, Never Married, Widowed, Divorced Married		21. NAME OF SURVIVING SPOUSE (if wife, give name before first married) Deborah E. Way	
22. FATHER'S NAME (First, Middle, Last) Terence Scantlebury				23. MOTHER'S NAME BEFORE FIRST MARRIED (First, Middle, Last) Tatiana Pogoreff			
24a. INFORMANT'S NAME (Type/Print) Deborah Scantlebury		24b. RELATIONSHIP TO DECEDENT Wife		25. MAILING ADDRESS (Street and Number or Rural Route Number, City or Village, State, Zip Code) 7049 Amberly Way, Ypsilanti, Michigan 48197			
26. METHOD OF DISPOSITION Burial, Cremation, Entombment, Donation, Removal, Storage (Specify) Cremation		27. PLACE OF DISPOSITION (Name of cemetery, crematorium, or other institution) Tri-County Cremation Service		28. LOCATION - City or Village, State Ypsilanti, Michigan			
29. SIGNATURE OF MORTUARY SCIENCE LICENSEE <i>[Signature]</i>		30. LICENSE NUMBER 5715		31. NAME AND ADDRESS OF FUNERAL FACILITY Stark Funeral Service Mopre Memorial Chapel 101 S. Washington St., Ypsilanti, MI 48197			
32a. CERTIFIER (Check only one) <input type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred due to the stated cause and manner stated. <input checked="" type="checkbox"/> Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place stated and due to the cause(s) and manner stated. Signature and Title: <i>[Signature]</i> June 22, 2006		32b. ACTUAL OR PRESUMED TIME OF DEATH unknown P.M.		33. PRONOUNCED DEAD ON (Mo, Day, Yr.) June 21, 2006		34. TIME PRONOUNCED DEAD 3:35 P.M.	
35. DATE SIGNED (Mo, Day, Yr.) June 22, 2006		36. LICENSE NUMBER 032167		37. MEDICAL EXAMINER CONTACTED? (Yes or No) yes		38. PLACE OF DEATH (Home, Hospice, Nursing Home, Hospital, Ambulance) (Specify) home	
39. MEDICAL EXAMINER'S CASE NUMBER (if applicable) 06-387		40. NAME OF ATTENDING PHYSICIAN (Type or Print) S. Gao		41. HOSPITAL, Inpatient, Outpatient, Emergency Room, D.O.A. (Specify)			
42. NAME AND ADDRESS OF CERTIFYING PHYSICIAN (Type or Print) Bader J. Cassin, M.D., Chief Medical Examiner, 1200 State Circle, Ann Arbor, MI 48108							
43a. REGISTRAR'S SIGNATURE <i>[Signature]</i>				43b. DATE FILED (Month, Day, Year) JUN 23 2006			
44. PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory or ventricular fibrillation without showing the etiology. Enter only one cause on a line. If diabetes was an immediate, underlying, or contributing cause of death be sure to record diabetes in either Part I or Part II of the cause of death section, as appropriate. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequitely list conditions, IEASY, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST a. RUPTURED CEREBROBASILAR ANEURYSM b. c. d. e. f. g. h. i. j. k. l. m. n. o. p. q. r. s. t. u. v. w. x. y. z. aa. ab. ac. ad. ae. af. ag. ah. ai. aj. ak. al. am. an. ao. ap. aq. ar. as. at. au. av. aw. ax. ay. az. ba. bb. bc. bd. be. bf. bg. bh. bi. bj. bk. bl. bm. bn. bo. bp. bq. br. bs. bt. bu. bv. bw. bx. by. bz. ca. cb. cc. cd. ce. cf. cg. ch. ci. cj. ck. cl. cm. cn. co. cp. cq. cr. cs. ct. cu. cv. cw. cx. cy. cz. da. db. dc. dd. de. df. dg. dh. di. dj. dk. dl. dm. dn. do. dp. dq. dr. ds. dt. du. dv. dw. dx. dy. dz. ea. eb. ec. ed. ee. ef. eg. eh. ei. ej. ek. el. em. en. eo. ep. eq. er. es. et. eu. ev. ew. ex. ey. ez. fa. fb. fc. fd. fe. ff. fg. fh. fi. fj. fk. fl. fm. fn. fo. fp. fq. fr. fs. ft. fu. fv. fw. fx. fy. fz. ga. gb. gc. gd. ge. gf. gg. gh. gi. gj. gk. gl. gm. gn. go. gp. gq. gr. gs. gt. gu. gv. gw. gx. gy. gz. ha. hb. hc. hd. he. hf. hg. hh. hi. hj. hk. hl. hm. hn. ho. hp. hq. hr. hs. ht. hu. hv. hw. hx. hy. hz. ia. ib. ic. id. ie. if. ig. ih. ii. ij. ik. il. im. in. io. ip. iq. ir. is. it. iu. iv. iw. ix. iy. iz. ja. jb. jc. jd. je. jf. jg. jh. ji. jj. jk. jl. jm. jn. jo. jp. jq. jr. js. jt. ju. jv. jw. jx. jy. jz. ka. kb. kc. kd. ke. kf. kg. kh. ki. kj. kl. km. kn. ko. kp. kq. kr. ks. kt. ku. kv. kw. kx. ky. kz. la. lb. lc. ld. le. lf. lg. lh. li. lj. lk. ll. lm. ln. lo. lp. lq. lr. ls. lt. lu. lv. lw. lx. ly. lz. ma. mb. mc. md. me. mf. mg. mh. mi. mj. mk. ml. mm. mn. mo. mp. mq. mr. ms. mt. mu. mv. mw. mx. my. mz. na. nb. nc. nd. ne. nf. ng. nh. ni. nj. nk. nl. nm. no. np. nq. nr. ns. nt. nu. nv. nw. nx. ny. nz. oa. ob. oc. od. oe. of. og. oh. oi. oj. ok. ol. om. on. oo. op. oq. or. os. ot. ou. ov. ow. ox. oy. oz. pa. pb. pc. pd. pe. pf. pg. ph. pi. pj. pk. pl. pm. pn. po. pp. pq. pr. ps. pt. pu. pv. pw. px. py. pz. qa. qb. qc. qd. qe. qf. qg. qh. qi. qj. qk. ql. qm. qn. qo. qp. qq. qr. qs. qt. qu. qv. qw. qx. qy. qz. ra. rb. rc. rd. re. rf. rg. rh. ri. rj. rk. rl. rm. rn. ro. rp. rq. rr. rs. rt. ru. rv. rw. rx. ry. rz. sa. sb. sc. sd. se. sf. sg. sh. si. sj. sk. sl. sm. sn. so. sp. sq. sr. ss. st. su. sv. sw. sx. sy. sz. ta. tb. tc. td. te. tf. tg. th. ti. tj. tk. tl. tm. tn. to. tp. tq. tr. ts. tu. tv. tw. tx. ty. tz. ua. ub. uc. ud. ue. uf. ug. uh. ui. uj. uk. ul. um. un. uo. up. uq. ur. us. ut. uu. uv. uw. ux. uy. uz. va. vb. vc. vd. ve. vf. vg. vh. vi. vj. vk. vl. vm. vn. vo. vp. vq. vr. vs. vt. vu. vv. vw. vx. vy. vz. wa. wb. wc. wd. we. wf. wg. wh. wi. wj. wk. wl. wm. wn. wo. wp. wq. wr. ws. wt. wu. wv. ww. wx. wy. wz. xa. xb. xc. xd. xe. xf. xg. xh. xi. xj. xk. xl. xm. xn. xo. xp. xq. xr. xs. xt. xu. xv. xw. xx. xy. xz. ya. yb. yc. yd. ye. yf. yg. yh. yi. yj. yk. yl. ym. yn. yo. yp. yq. yr. ys. yt. yu. yv. yw. yx. yy. yz. za. zb. zc. zd. ze. zf. zg. zh. zi. zj. zk. zl. zm. zn. zo. zp. zq. zr. zs. zt. zu. zv. zw. zx. zy. zz.							

I, LAWRENCE KESTENBAUM, CLERK/REGISTER OF SAID COUNTY OF WASHTENAW DO HEREBY CERTIFY that the foregoing is a true and exact copy of the original document on file in my office.

JUN 23 2006

DATED:

LAWRENCE KESTENBAUM
WASHTENAW COUNTY CLERK/REGISTER